



# HIDALGO COUNTY

Department Of Budget & Management  
INTER-DEPARTMENTAL TRANSFER FORM

**DATE:** Tuesday, August 25, 2020 **JE#** \_\_\_\_\_

**DEPARTMENT HEAD:** Sergio Cruz, Budget Officer

**DEPARTMENT NAME:** Dept of Budget & Mgmt For - Health Department

**ACCOUNT NUMBER:** 0-1100-441-00-340-00X-0-XXX

**CONTACT PERSON:** Damaris SanMiguel, Dir. Budget & Mgmt **PHONE:** (956) 292-7025 ext. 5410

**PREPARED BY:** Antonio Martinez III, Budget Analyst **REVIEWED BY:** \_\_\_\_\_

Initial and Date

**SUBJECT:** Emergency Inter-departmental Transfer/s

Hidalgo County Auditor's Office:

I would like to request the following Inter-fund transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

Account Number	Account Name	Increase/(Decrease) Amount
<b>FROM:</b>		
0-1100-441-00-340-001-0-113	HEALTH ADM- REG F/T EMPLOYEES	(8,610.24)
0-1100-441-00-340-001-0-211	HEALTH ADM- HEALTH INSURANCE	(2,665.92)
0-1100-441-00-340-001-0-212	HEALTH ADM- LIFE INSURANCE	(14.80)
0-1100-441-00-340-001-0-220	HEALTH ADM- FICA	(658.68)
0-1100-441-00-340-001-0-230	HEALTH ADM- RETIREMENT	(1,096.08)
0-1100-441-00-340-001-0-250	HEALTH ADM- UNEMPLOYMENT COMP	(51.66)
0-1100-441-00-340-001-0-260	HEALTH ADM- WORKER'S COMP	(18.08)
<b>TO:</b>		
0-1100-441-00-340-003-0-113	HEALTH CLINICS- REG F/T EMPLOYEES	8,610.24
0-1100-441-00-340-003-0-211	HEALTH CLINICS- HEALTH INSURANCE	2,665.92
0-1100-441-00-340-003-0-212	HEALTH CLINICS- LIFE INSURANCE	14.80
0-1100-441-00-340-003-0-220	HEALTH CLINICS- FICA	658.68
0-1100-441-00-340-003-0-230	HEALTH CLINICS- RETIREMENT	1,096.08
0-1100-441-00-340-003-0-250	HEALTH CLINICS- UNEMPLOYMENT COMP	51.66
0-1100-441-00-340-003-0-260	HEALTH CLINICS- WORKER'S COMP	18.08
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>\$ 0.00</b>

**REASON:** Fund creation of new Clerk II position in 340-003. Clerk III position deleted under 340-001.

**AUTHORIZED SIGNATURE/DBM** \_\_\_\_\_

**DATE** \_\_\_\_\_